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IAP6 Rec'd PCT/PTO 09 NOV 2006

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/575.828 Filing Date TRANSMITTAL April 14, 2006 First Named Inventor **FORM** Robert Francis RYAN Art Unit 1744 **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number M03V200 Total Number of Pages in This Submission

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ENCLOSURES (Check all that apply)									
✓	Fee Transr	nittal Fo	rm		Drawing(s)				Allowance Communication to TC
	Fee	ee Attached			Licensing-related Papers				Il Communication to Board leals and Interferences
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Itemized Certificate of Mailing, Fee Transmittal Form (1 page, in duplicate, PTO/SB1/1), executed Declaration (1 page), executed Power of Attorney and Correspondence Address Indication Forms (2 pages), Information Disclosure Statement (2 pages), Completed forms PTO/SB/08A&B with Three (3) references (Ab-AF, including 1 page of English-language abstract), and Return Receipt Postcard		
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Remarks It is not believed at this time that any additional fee is due. As a precaution, the Commissioner is hereby authorized to charge to Deposit Account No. 02-2865 any additional fee required by this submission or credit any overpayment.					
Firm N	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name The BQC Group, Inc.								
Signature Multi-				2					
Printed name Philip H. Von Neida									
Date	November 3, 2006		Reg. No.			34,942			
CERTIFICATE OF TRANSMISSION/MAILING									
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Signature (in perfect 5 Brown)									
Typed or printed name Kimberly S. B				7				Date	November 6, 2006

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PTO/SB/17 (07-06)

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MARY Effective	on 12/08/2004	!	Complete if Known				
Fees pursuant to the Consolidate	: _:		Application Number 1		0/575,828		
FEE TRA	4NSI	WILLAL	Filing Date A		April 14, 2006		
For	FY 200	05	First Named Inventor		obert Francis RY	AN	
			Examiner Name				
Applicant claims small er	ntity status. S	See 37 CFR 1.27	Art Unit 1744				
TOTAL AMOUNT OF PAYME	ENT (\$)	130.00	Attorney Docket	No. N	103V200		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 02-2865 Deposit Account Name: The BOC Group, Inc.							
For the above-identifie	d deposit acc	count, the Director is he	ereby authorized to:	(check a	il that apply)		
✓ Charge fee(s) in	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any add	litional fee(s)	or underpayments of f	ee(s) 🗸 Credit	any over	payments		
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FEE CALCULATION						······	
1. BASIC FILING, SEARC	H, AND EX FILING FE		RCH FEES	FXAMI	NATION FEES		
	Sm:	all Entity	Small Entity		Small Entity	Fees Paid (\$)	
Application Type		ee (\$) Fee (Fee (\$		rees raid (4)	
Utility		150 500	250	200	100		
Design		100 100		130	65		
Plant		100 300		160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (inc	cluding Rei	ssues)			50	25	
Each independent clain					200	100	
Multiple dependent clai	ims				360	180	
	xtra Claims	<u>Fee (\$)</u> <u>Fe</u>	e Paid (\$)			pendent Claims Fee Paid (\$)	
- 20 or HP = HP = highest number of total d	aims paid for, i	x = f greater than 20.			<u>Fee (\$)</u>	ree raig (\$1	
Indep. Claims E	xtra Claims	Fee (\$) Fe	e Paid (\$)				
- 3 or HP =	ndent claims no	x =					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =							
						Fees Paid (\$)	
Other (e.g., late filing surcharge): late filing surcharge \$130							
SUBMITTED BY							
SUBMITTED BY	1/ - /.	$\overline{}$	Registration No.		Telenhon	C 000 774 C400	

SUBMITTED BY	1		-	
Signature	MaHC.	: 7:>>	Registration No. (Attorney/Agent) 34,942	Telephone 908-771-6402
Name (Print/Type)	hilip H. Von Nei	da		Date November 3, 2006

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11/15/2006 ATRAN1 00000109 022865 10575828 NOV 0 9 2006 W

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Attorney Docket: M03V200 Serial No.: 10/575,828 Filed: April 14, 2006 Confirmation No.: 6770

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908-771-1729

Registration Number, if applicable

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